

**APPLICATION FOR APPROVAL OF  
FEEDING ASSISTANT TRAINING PROGRAM (FATP)**

Date of Application: \_\_\_\_\_

1. Facility Name: \_\_\_\_\_

2. Facility Address: \_\_\_\_\_  
(Street, P.O. Box)

\_\_\_\_\_  
(City, State, Zip Code)

County: \_\_\_\_\_

3. Telephone #: (    ) \_\_\_\_\_ - \_\_\_\_\_      FAX #: (    ) \_\_\_\_\_ - \_\_\_\_\_

4. Administrator: \_\_\_\_\_

5. Director of Nursing (DON): \_\_\_\_\_

6. \* Name of FATP Instructors (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Please furnish copy of current license.

7. Number of Beds: \_\_\_\_\_

8. Number of Residents without complicated swallowing problems that need assistance with feeding (as of date of application): \_\_\_\_\_

9. Number of RNs: \_\_\_\_\_ 10. Number of LPNs: \_\_\_\_\_

11. Number of CNAs: \_\_\_\_\_ 12. Number of RDs: \_\_\_\_\_

13. Is the facility planning to hire additional staff to train as Feeding Assistants (FAs), train and utilized current staff, or both? \_\_\_\_\_  
\_\_\_\_\_

14. Does the facility plan to require the Feeding Assistants (FAs) to wear some type of identification badge/name tag, apron, etc., to identify the trained feeding assistants from the volunteers? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

15. The minimum number of training course hours is 16. What is the total number of course hours to be taught by the facility? \_\_\_\_\_

16. Course Curriculum - Please attach copy of outline of facility's feeding assistant course content/topics, indicating minutes/hours each topic will be taught. Minimum Federal/State requirements are as follows:

Federal Requirements:

- a. Feeding techniques
- b. Assistance with feeding & hydration
- c. Communication & Interpersonal Skills
- d. Appropriate responses to resident behavior
- e. Safety & Emergency procedures, including the Heimlich maneuver
- f. Infection control
- g. Resident Rights
- h. Recognizing changes in residents that are inconsistent with the norm & the importance of reporting changes to the nurse.

State Requirements:

- i. Role & Responsibilities of Feeding Assistant
- j. Supervision: Who FA will call in case of emergency & who FA will Receive resident assignments from.
- k. Facility methods for determining % of intake
- l. Specialized feeding & intake problems associated with residents with dementia & with Alzheimer's disease
- m. Proper procedures for serving fresh water, ice, beverages and snacks from hydration cart
- n. Instruction on before meal/after meal tasks that will be performed by CNA or nurse prior to FA assisting with feeding resident
- o. Instruction on MS Vulnerable Adults Act & signing of statement acknowledging of the Act.

17. List any additional topics (if applicable) that facility plans to teach and indicate minutes/hours each topic will be taught:

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18. Does your facility plan to develop and implement a competency examination (e.g., written only, clinical skills only, or written and clinical skills)?

Yes \_\_\_\_\_ No \_\_\_\_\_

19. If your facility plans to develop and implement a competency examination, please describe type of competency examination to be administered.

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(Signature of Administrator or his/her Designee)

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(Date Signed)